SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortnam Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT # (2)M70994 SOULMATE, INC. Mailing Address Principal Place of Business % EDWARD J. EMLAW % EDWARD J. EMLAW 5000-PARK BLVQ. #4 PINELDAS PARK FL.34665 5000 PARK BLVQ. #4 PINELDAS PARK N. 34665 3a. Date of Last Report 3. Date incorporated or Qualified 06/08/1995 03/08/1988 Applied For 4. FEI Number Mailing Address 2. Principal Place of Business Not Applicable 6524 59-2877699 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 \$5,00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Yes No pinellas Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name EMLAW, EDWARD J. Street Address (P.O. Box Number is Not Acceptable) 82 3000 PARK BIVQ. STE 4 83 PINEDLAS PARK FL 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE: Bisponed A years ground required when recentating). Suggestion type dioriphish air en in regulesced again and ble if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1 1 111LE TIFLE CR2E034 12 NAME EMLAW, EDWARD J. 6524 649 ARME ST. PCHASBURG, FI NAME ASTREET ADDRESS 5000 PARK BLVD., STE. 4 STREET ADDRESS 14:ITY-SI-ZIP PINELLAS PARK FL Change Addition EITY - ST - ZIP DELETE 21 UHF TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP Change Addition CITY-ST-7IP DELETE 311016 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - \$1 - ZIP Change Addition CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 44 CITY - ST - ZIP Change Addition C(TY+S)(-7)P DELETE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY-ST ZIP Change Addition CHTY - ST - ZIP 61 THILE DELETE TITLE STREET ADDRESS 64 CITY - ST- ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statules I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver outcustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my report according to 180 k13 of chapter 618 k13 of chapter 619 k13 of the production of the receiver outcustee.

that my name appears in Block

SIGNATURE:

Pres/ pir. 7/26/96 813-341-00/6